

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280

**Independent Bill Review Final Determination Reversed**

10/8/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB14-0000262	Date of Injury:	06/11/2010
Claim Number:	[REDACTED]	Application Received:	02/25/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	08/09/2013 – 08/09/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	22612-62-59-51 & 20936-62		

Dear [REDACTED]:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/08/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of **\$335.00** and the amount found owing of **\$473.78** for a total of **\$808.78**

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed - The following evidence was used to support the decision:**

- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- Other: OMFS

## ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Code 22612-62-59-51 and 29936-62 are under review as these were denied in full (or part) for SERVICE.**
- **CPT 22612-62-59-51:** Provider questioning reimbursement calculations.
  - i. OMFS \$2049.44 (No Contract Provided, OMFS Utilized)
  - ii. Modifier 62 Two Surgeons
  - iii. Modifier 59: Distinct Procedural Service
  - iv. Modifier 51: Multiple Procedure
  - v. Calculations OMFS x Mod 59 (50%) = Total x Mod 62 125%/2 = \$640.00
  - vi. Provider reimbursed \$320.22
  - vii. Modifier Reductions Incorrectly Applied, Recommend Additional Reimbursement of **\$319.78** to Provider.
- **CPT 29936-62:** Provider Denied Payment Due to Claim Admin reason, “Co-Surgeon is not applicable to this portion of the surgery.”
  - i. *No Contractual agreement Regarding Modifier 62*
  - ii. *Coding guidelines allow use of Modifier 62.*
  - iii. *OMFS Utilized*
  - iv. *OMFS \$246.10 x Mod 62 125%/2 = \$154.00*
  - v. *Provider reimbursed \$0.00*
  - vi. *Modifier Reduction Incorrectly Applied, Recommend \$154.00 Reimbursement to Provider.*

**DETERMINATION OF ISSUE IN DISPUTE: Allow reimbursement of codes Code 22612-62-59-51 and 29936-62. The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 08/09/2013</i>						
<i>Physician Surgery Services</i>						
22612-62-59-51	\$1,281.00	\$320.00	\$320.23	1	\$640.00	Refer to Analysis \$319.00 Recommended
29936-62	\$154.00	\$0.00	\$154.00	1	\$154.00	Refer to Analysis \$154.00 Recommended

**Determination: Reversed**

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT codes 22612-62-59-51 and 29936-62 (**\$473.78**) for a total of **\$808.78**.

The Claims Administrator is required to reimburse the provider **\$808.78** within 45 days of date on this notice per section 4603.2 (2a). This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f).

Sincerely,

[REDACTED], RHIT  
Chief Coding Reviewer

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]

Copy to:

[REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED]